

FINANCIAL ASSISTANCE POLICY OVERVIEW

The following information summarizes Providence Health & Services (PH&S) criteria and process for offering financial assistance to individual and family patients. The PH&S Financial Assistance Policy been updated to comply with IRS Regulation 501(r) mandatory changes.

Financial Assistance qualification criteria

Financial Assistance is the waiving of all or part of the financial obligation for medically necessary health care services provided by PH&S ministries to persons — individual patients or families — whom meet the following qualifying criteria:

- Services provided are medically necessary.
- Any patient or family, whether insured, underinsured or uninsured, may apply for financial assistance.
- Financial assistance is secondary to all other payment sources. For instance, if a patient has access to Medicaid or Medi-Cal and chooses not to enroll, he/she may be denied financial assistance.
- A Financial Assistance application may be made before, during, or after services are provided
- The duration of financial assistance is based upon the patient’s medical needs and financial situation. Financial assistance may be granted for a single date of service or duration of care of up to one year. The primary intent is to approve financial assistance for a single episode of care.
- Required information to establish basis for determination - most recent federal income tax return and pay stubs for previous 90 days.

Financial Assistance outcomes

When a patient or family is approved:

- The amount of the discount is based on the household income and a sliding fee scale.
- Households with gross family income at or below 250% of the current Federal Poverty Level (FPL) will receive 100% waiver of amounts they would otherwise owe.
- Households between 251% and 350% may be eligible for a partial or full discount.
- When a patient applies and is approved for Financial Assistance, a notice of determination is sent to the patient. The patient can utilize the notice to inform other Providers of PH&S’s determination.
- The discount is extended to all open hospital account balances due from the household.
- For hospitals, there is a limitation on charges for patients eligible for financial assistance that is based upon an “Amounts Generally Billed” (AGB) calculation.

Questions

- Please email to RCProviderConnect@providence.org